

2011 COMMUNITY MENTAL HEALTH SUMMER STAKEHOLDER SERIES
DATE: August 18, 2011 LOCATION: NAMI Conference, Sacramento, CA

Participants

85	Consumers/Family Members/Consumer Advocates
09	Providers
03	County Representatives
01	Other
98	Total Participants

DHCS Process and Summary Presentation Questions/Comments

- What is the budget for this transition? Why hire a new Deputy Director so late in the process? **There is no budget. We hope to have savings, but that is not the identified goal. There has been a desire expressed for focused leadership. We are working hard to get the "right" person for the job.**
- If the deadline for input is August 25th, how can we give input at the meetings after August 25th? **August 22nd meeting to share report-then later share "Final" plan. The door will not be closed; there will continue to be an option to provide input.**
- With the budget cuts, funds have been taken from MHSA to fund Medi-Cal program. What about the lost of benefits (dental, vision, etc.)? **Due to the budget crisis, there are only certain options: cut benefits, cut programs, etc. The benefits like preventive dental that were cut may be discussed as a part of the healthcare reform.**
- Where is the county mental health boards represented? **DHCS invited CMHDA to stakeholder meeting and had meeting with county mental health directors. DMH has been targeting local MH Boards.**
- Re: AB102, with these changes how will services be affected or improved? **You shouldn't see any negative impact on benefits or services as a result of the changes.**
- Is AB106 connected to AB102? **AB106 transfers the drug Medi-Cal program for substance abuse services. There are providers who serve clients with dual diagnosis.**
- What impact will this have locally, especially for homeless individuals? **The intent of the legislation is to improve coordination, hold counties accountable, and lead to improve local programs and services.**
- Is there any protection for the services that we have for mental health? **We are hoping for a smooth transition with the opportunity for making it better. This shouldn't make things worse, it could make things better. There are also federal funding requirements.**
- What about mental health funding? **CA has a transparent budget process. We couldn't do anything without the public knowing. In the past, the State General Fund has funded mental health. Starting 2013, the funding will be locally "owned". The "Non Federal Share" will be controlled by counties.**
- Given organizational re-structuring, will there be an interest/opportunity in forming an advisory body to focus on cultural competence and reducing disparities? **Cultural competence is very important to DHCS as well. DHCS has an Office of Minority Health (similar to DMH Office of Multicultural Services). We also have an advisory group. We understand how important it is for mental health. Submit your suggestions in writing. We are interested in pursuing cultural competence.**

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- Concerned about services for SMI within the criminal justice system. What will DHCS to coordinate with CDCR to ensure these services are provided? **We are working with CDCR. These services are very important. For M/C eligible, we will provide services. For non-eligible-establish low-income health programs large array of services including basic MH services waivers and federal funds.**
- How will oversight and accountability be input into the local counties? **DHCS is the single state agency for Medicaid, we are held responsible by the Federal Government. DHCS staff will review contracts, etc. to ensure counties comply with Medi-cal programs requirements.**
- Veterans services in CA tend to lack a sensitivity relative to mental health (they think people are faking to get money). Traumatic Brain Injury and Post Traumatic Stress Disorder are growing due to the wars. Is DHCS willing to educate the Dept. of Veteran Affairs (and other related agencies) about the stigma and reality of mental health

DMH Process and Summary Presentation Questions/Comments

- What are the contract funds for NAMI used for? **Funds distributed to support NAMI.**
- How does CiMH use their contract funds? **They implement a statewide training plan, we have 16/17 projects that CiMH carries out.**
- Why was this process moved forward so quickly? **Legislation was passed (AB100/102/106) and we have to meet deadlines for Legislature and Governor's budget considerations.**
- Systems are required to provide services regardless of funding streams. How can you formulate something that will provide the full array of services (prevention, wraparound, etc.) for all age groups? **The Federal Medicare Waiver and health care reform = localization of services to the county level.**
- How will re-organization: ensure inform data collection; ensure input/ inclusion of clients and family members:... (etc.)
- What about State Hospitals? Is there a Dept. of State Hospitals or fold into community MH? Where is the analysis to support the decision made re: State Hospitals? NAMI CA is asking for experts to be brought to the table we are asking to see the analysis – what consideration are being made. Nobody is talking about it, we need to fix that, it's not ok. **DMH is beginning this discussion. 93% of State Hospital patients have ties to criminal justice system. What about the remaining 7%?**
- We need to reduce forensic hospitalizations and make room for civil commitments. Giving hospitals to CDCR criminalizes mental illness.
- We need to have more of a focus on prevention at the front end, services to reduce recidivism, etc.
- DMH responsibilities are being reduced to community mental health and many of those responsibilities are shifting to county mental health. How will DMH accomplish remaining functions with so few staff? **Reduction of staff positions is not equivalent to a reduction in commitment. DMH is working with counties to determine their needs. Medi-Cal functions are going to DHCS. We want this transition to succeed!**

What opportunities do you see as a result of the transition at the state level?

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- I heard there was a transfer of 120 positions. How many positions will stay at DMH? 121 – IT, Community Services, Auditors. 300 positions at Headquarters.
- How many positions will be at the new department? We don't know, we will get that information to Jessica Cruz.
- Recommend that these meetings are recorded to help participants prepare for these meetings. Flip chart notes will be posted and will include stakeholder comments.
- We have to fix this problem (Forensics/criminalization esp. for African Americans) council of mentally ill offenders – no one from DMH comes to those meetings. We need a cultural competence approaching inner-cities. Let's reach out to African American churches in communities. Faith based approaches need to be included.
- Regarding the AB102 Medi-Cal transfer, I am concerned about medication, care homes, etc.
- Not enough information was provided prior to this meeting, could not get the word out statewide. There are survivors, clients and family members that have not been heard. We have been left-out because the process has been fast tracked. I hope there will be more opportunities for client survivors to provide input. The Network has not decided which option to support, but there are challenges with all options – more information is needed for clients to provide educated input.
- I am concerned about future loss of MHSA funds and supplantation.
- The single most important factor for client participation, that has not been available, is funding for travel.
- Without State oversight, I am extremely concerned about local control of critical functions.
- I am also concerned about the criminal justice system. The Network has positions on this issue and would like to add to that discussion.
- Dual-diagnosis = opportunities for integrated treatment options
- Excited that funding is going to counties; local oversight bodies can be created.
- Is there an opportunity for more positions, is the legislature preventing this from happening? We need to know what many positions to know if DMH (or new Dept.) is a viable option.
- We don't know which boxes to choose. Get more input from clients/family members about what we need.
- Transportation is important.
- What about county based meetings?
- What about consumers? They need to have a voice. DMH is working with counties to get the word out. Also, work with NAMI, UACF, CA Network for MH Clients. We will post comments/position papers on the DMH website.